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CONFIRMATION NO. 6653

<b>SERIAL NUMBER</b> 10/560,570	<b>FILING OR 371(c) DATE</b> 12/12/2005 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2618	<b>ATTORNEY DOCKET NO.</b> 915-006.099
<b>APPLICANTS</b> Michael Josenhans, Haltern, GERMANY; Andreas Ahland, Senden, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IB03/02244 06/12/2003 <i>YES. MA.</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE. MA.</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/11/2006</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>MA</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 16
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 4955				
<b>TITLE</b> Mobile communication device cover and method for its operation				
<b>FILING FEE RECEIVED</b> 1300	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	